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CONFIRMATION NO. 1516

Bib Data Sheet

SERIAL NUMBER 10/532,266	FILING OR 371(c) DATE 04/22/2005 RULE	CLASS 141	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 112701-604
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/EP03/11703 10/22/2003

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
OH	5	15	2

ADDRESS

29157

TITLE

METERING DEVICE

FILING FEE RECEIVED 1530	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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